## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10,622,197

							_		<i>y</i> ,			
CLAIMS AS FILED - PART I							;	SMALL ENTITY			OTHER THAN	
			(Column	1)	(Column 2)		•	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS							1	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			8 minus 20=		* Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			mi ا	nus 3 =	* 1			X42=	42	OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT						12	1		
* If the difference in column 1 is less than zero					"0" in c	rolumn 2		+140=		OR	+280=	
						JOIUITIN 2		TOTAL	417	OR	TOTAL	
CLAIMS AS AMENDED - PART II								014111			OTHER	1
(Column 1)			1	(Colur		(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL											
1,12,13,15								+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											:
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		ÖR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
_												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUMI PREVIC PAID	EST BER DUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=			X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPEND				CLAIM					OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
**	** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE											
		ber Previously Pa					er foi	ind in the and	ropriate box	k in co	lumn 1	i